

APPENDIX

Township Check (Township Form No. 6)

Record of Lease Contracts and Indebtedness Other Than Bonds
(Township Form Number 14, Ruling C)

Township Trustee's Insurance Record (Township Form No. 14, Ruling B)

Receipt (Township Form Number 16)

Resolution Recommending Salaries of Township Officers and Employees (Township Form No. 17)

Trustee's Dog Tax/Kennel License Receipt (Township Form No. 18)

Notice of Unpaid Dog Tax (Township Form No. 82)

Application for Township Assistance (Township Assistance Form TA-1)

Notice of Township Assistance Action (Township Assistance Form TA-1A)

Application for Additional or Continuing Township Assistance (Township Assistance Form TA-1B)

Purchase Order for Medical Aid (Township Assistance Form TA-2)

COPY 1

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	EMPLOYEE DETACH AND RETAIN

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 2000)

This Warrant Void Two (2) Years
After Dec. 31 of the Year of Issue.

Number _____

Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____

Pay to the _____ Fund _____
 Order of _____ \$ _____

_____ Dollars
 100

For _____

 TRUSTEE OF ABOVE-NAMED TOWNSHIP

COPY 2

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	COUNTY AUDITOR'S COPY

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____

Paid To: _____ Fund _____
 _____ \$ _____

_____ Dollars
 100

For _____

I certify this to be the exact sum received and that it is for the purpose herein
 stated; that no part of said sum has been retained by, returned to, or has been
 directly or indirectly agreed to be returned to, the Trustee or any other person.

VOUCHER - to accompany the Annual Report and be filed with County Auditor after close of year. Signed: _____ PAYEE

COPY 3

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	OFFICE COPY

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____
 Approp. No. _____ \$ _____

Paid To: _____ Fund _____
 _____ \$ _____

_____ Dollars
 100

For _____

Posted to Financial and Appropriation Record _____

NON - NEGOTIABLE

Prescribed by State Board of Accounts

RECORD OF LEASE CONTRACTS AND

NOTE: Use General Form No. 53 for Record of Bonded Indebtedness

	Nature of Instrument 1	Date of Issue 2	To Whom Payable 3	Purpose of Issue 4	
1					
2					

(Columnar Headings for Left Hand Side of Sheet)

Township Form No. 14 (Rev. 1955) - Ruling C

INDEBTEDNESS OTHER THAN BONDS

	Rate of In- terest 5	Due Date of Final Payment 6	Total Amount Payable 7	PAYMENTS ON PRINCIPAL			INTEREST PAYMENTS		
				Date 8	Amount 9	Balance Due 10	Date 11	Amount 12	
1									1
2									2

(Columnar Headings for Right Hand Side of Sheet)

Prescribed by State Board of Accounts

TOWNSHIP TRUSTEE'S

	Policy Number 1	Name of Insurance Company 2	Property Covered 3	Kind of Insurance (show % of coinsur- ance, if any) 4	Date of Policy 5	
1		Premiums Payable by Years Brought Forward				
2						

(Columnar Headings for Left Hand Side of Sheet)

Township Form No. 14 (Rev. 2000) - Ruling B

INSURANCE RECORD

	Expiration Date of Policy 6	Amount of Insurance 7	Total Premium Payable 8	PREMIUMS PAYABLE BY YEARS					
				9	10	11	12	13	
1									1
2									2

(Columnar Headings for Right Hand Side of Sheet)

Note: The last line of this form is to be ruled for totals in columns 9, 10, 11, 12 and 13, and the words "Premiums Payable by Years Carried Forward" is to be printed on this last line

RECEIPT Office of Township Trustee

NO. _____

_____ IN _____,

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

ON ACCOUNT OF _____ 100

Township Trustee

(Original)

NO. _____

Date
Issued

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Issued
To

ON ACCOUNT OF _____

Township Trustee

Amount of
Receipt

(Duplicate)

**RESOLUTION
ESTABLISHING SALARIES OF TOWNSHIP OFFICERS AND EMPLOYEES**

BE IT RESOLVED by the Township Board of _____ Township
_____, _____ County, Indiana,

That pursuant to IC 36-6-10(b), the salaries stated below are fixed for the officers and employees of the township
year _____.

POSITION OF OFFICE	Number of Positions	Rate of Compensation	Per *
Township Trustee Township Duties			
(1) Assessing Duties (not county portion)			
Total for Township Trustee			
Township Clerk			
Members of the Township Board			
Fire Department Personnel			
Township Assistance Personnel			
Supervisors of Investigators			
Investigators			
Supervisors of Other Assistants			
Other Assistants			
Other Employees (Detail)			

ADOPTED this _____ day of _____, _____.

Attest: _____
Township Trustee

Members of the Township Board

* Show: per year, per month, per day, etc.

Include in this resolution ALL officers and employees of the township, except elected Township Assessors and deputies or employees of elected Township Assessors.

(1) IC 36-6-10(e) states: "In a township that does not elect a township assessor under IC 36-6-5-1, the township legislative body may appropriate available township funds to supplement the salaries of elected or appointed officers to compensate them for performing assessing duties. However, in any calendar year no officer or employee may receive a salary and additional salary supplements which exceed the salary fixed for that officer or employee under subsection (b)."

Prescribed by State Board of Accounts

Township Form No. 18 (1997)

Expires One Year
From Date of Issue

DOG TAX/KENNEL LICENSE RECEIPT
TOWNSHIP
COUNTY, INDIANA

NO. _____

(Date Issued) _____

SAMPLE

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED OF _____

STREET/R.R. NO. _____ CITY/TOWN _____ ZIP _____

THE SUM OF _____ DOLLARS

IN FULL PAYMENT OF DOG TAX/KENNEL LICENSE FOR ONE YEAR FROM DATE OF ISSUE

No.	Breed	Sex	Age	Tag No.	Fee
	Neutered Dogs				
	Nonneutered Dogs				
	Each Additional Dog				
	Major Kennel License (15 or More Dogs)				
	Minor Kennel License (Less Than 15 Dogs)				
Total Amount Due					

KENNEL LICENSE

The above-named is hereby licensed to conduct a _____ dog kennel if _____ Major or Minor the kennel license fee has been paid

Signed: _____ Trustee/Assessor

Prescribed by State Board of Accounts

Township Form No. 18 (1997)

Expires One Year
From Date of Issue

DOG TAX/KENNEL LICENSE RECEIPT
TOWNSHIP
COUNTY, INDIANA

NO. _____

(Date Issued) _____

SAMPLE

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED OF _____

STREET/R.R. NO. _____ CITY/TOWN _____ ZIP _____

THE SUM OF _____ DOLLARS

IN FULL PAYMENT OF DOG TAX/KENNEL LICENSE FOR ONE YEAR FROM DATE OF ISSUE

No.	Breed	Sex	Age	Tag No.	Fee
	Neutered Dogs				
	Nonneutered Dogs				
	Each Additional Dog				
	Major Kennel License (15 or More Dogs)				
	Minor Kennel License (Less Than 15 Dogs)				
Total Amount Due					

KENNEL LICENSE

The above-named is hereby licensed to conduct a _____ dog kennel if _____ Major or Minor the kennel license fee has been paid

Signed: _____ Trustee/Assessor

Prescribed by State Board of Accounts

Township Form No. 18 (1997)

Expires One Year
From Date of Issue

DOG TAX/KENNEL LICENSE RECEIPT
TOWNSHIP
COUNTY, INDIANA

NO. _____

(Date Issued) _____

SAMPLE

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED OF _____

STREET/R.R. NO. _____ CITY/TOWN _____ ZIP _____

THE SUM OF _____ DOLLARS

IN FULL PAYMENT OF DOG TAX/KENNEL LICENSE FOR ONE YEAR FROM DATE OF ISSUE

No.	Breed	Sex	Age	Tag No.	Fee
	Neutered Dogs				
	Nonneutered Dogs				
	Each Additional Dog				
	Major Kennel License (15 or More Dogs)				
	Minor Kennel License (Less Than 15 Dogs)				
Total Amount Due					

KENNEL LICENSE

The above-named is hereby licensed to conduct a _____ dog kennel if _____ Major or Minor the kennel license fee has been paid.

Signed: _____ Trustee/Assessor

Office of the Trustee

of _____ Township, _____ County

NOTICE OF UNPAID DOG TAX

Name _____

Address _____

You are hereby notified that the assessment records of this township show that the state dog tax (license fee) for the year _____ has not been paid on a dog or dogs described as follows:

Neutered	_____	Color	_____	Breed	_____
Nonneutered	_____	Color	_____	Breed	_____
Each Additional	_____	Color	_____	Breed	_____

If payment is made to the township trustee within 10 days of this notice the total amount due will be

\$ _____

Date of Notice _____

Trustee _____ Township

County

(Over)

This notice is served pursuant to Public Laws 192 and 193 of Acts of 1987 and provides in part:

"Each township trustee shall perform the duties imposed by this chapter. If a dog owner has failed to turn in a dog for taxation purposes, the trustee shall notify the owner that the trustee is listing the unpaid taxes within a period of ten (10) days, at which time the person will be assessed double the amount of taxes provided by this chapter unless the person owning the dog appears voluntarily within the ten (10) days and:

- (1) proves to the satisfaction of the trustee that the person owned no such dog at the time the census was made; or
- (2) makes an affidavit to be kept on file by the trustee to the effect that the failure to report a dog for taxation was not intentional and was not purposely omitted for the purpose of avoiding payment of taxes."

Application for Township Assistance

Note: Social Sec. #'s are optional.

PHONE NUMBER () -	APPLICATION DATE / /	APPLICATION TIME :	CASE NUMBER
AREA ### ####	MM DD YY	HH MM (total:) <div style="text-align: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div>	office use only

Applicant's Full Name			Social Security #	Date of Birth
<div style="text-align: right;"><input type="checkbox"/> male <input type="checkbox"/> female</div>			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<div style="text-align: right;"><input type="checkbox"/> male <input type="checkbox"/> female</div>			— —	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<div style="text-align: right;"><input type="checkbox"/> male <input type="checkbox"/> female</div>				/ /
LAST	FIRST	MI	optional	MM DD YY

Current Address					
Street Address / P.O. Box		Apt. #	City, State	Zip	How Long ____ Months ____ Years

Previous Address					
Street Address / P.O. Box		Apt. #	City, State	Zip	How Long ____ Months ____ Years

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age, or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

Note: Social Sec. #'s are optional.

Page 2

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household last 30 days: \$ _____

Does anyone live in this household temporarily or occasionally? YES NO

If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
----------	-----------	-------------	-------------

What is your income status?

name: _____ name: _____

<input type="checkbox"/> Wages Stopped	<input type="checkbox"/> Wages Stopped	<input type="checkbox"/> Wages Stopped
<input type="checkbox"/> Waiting on Income	<input type="checkbox"/> Waiting on Income	<input type="checkbox"/> Waiting on Income
<input type="checkbox"/> Receiving Income	<input type="checkbox"/> Receiving Income	<input type="checkbox"/> Receiving Income
<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income

What is your employment status?

** answers require explanation below*

name: _____ name: _____

<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working
<input checked="" type="checkbox"/> Laid off on: _____	<input type="checkbox"/> Laid off on: _____	<input type="checkbox"/> Laid off on: _____
<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked
<input type="checkbox"/> Quit: *	<input type="checkbox"/> Quit: *	<input type="checkbox"/> Quit: *
<input type="checkbox"/> Fired: *	<input type="checkbox"/> Fired: *	<input type="checkbox"/> Fired: *
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sick Leave
<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Maternity Leave
<input type="checkbox"/> On strike	<input type="checkbox"/> On strike	<input type="checkbox"/> On strike
<input type="checkbox"/> Trying to find work	<input type="checkbox"/> Trying to find work	<input type="checkbox"/> Trying to find work

*

Other Financial Information

	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand?	Yes	No	Yes	No	Yes	No
If YES, give amount	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
If YES, give name of each bank and current balance						

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? YES NO
 If yes, explain: _____

PROPERTY OWNERSHIP

	Applicant	Other Adult	Other Adult
	YES NO	YES NO	YES NO
Do you own any property?			
If YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY

Number of adults on the lease: _____ Co-lessee's name (if any): _____

Name of apartment complex or landlord: _____

Address of complex or landlord: _____

Phone number of complex or landlord: _____

What date did you move into this rental unit: _____ Monthly rent amount: _____

Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____

Are any utilities included? YES NO If yes, which ones? _____

EMPLOYMENT HISTORY

	Applicant	Other Adult	Other Adult
		name: _____	name: _____
Your most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			
2nd most recent employer: _____			
Date you started work there: _____			
Date you last worked there: _____			
Reason not working now: _____			

MILITARY SERVICE

	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP

Is everyone in the household a U.S. citizen? YES NO

If no, please explain status by which you are in the U.S.: _____

FAMILY INFORMATION

Applicant's Maiden Name (if married): _____

Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:

Name**Address****Phone****How have they helped?****Are they willing to help?**

SAMPLE

CHILD SUPPORT

If there are minor children in the home, is child support ordered for them by a court?

YES NO

If not will you go to court to get support?

YES NO

If NO, explain: _____

Are you receiving child support?

YES NO

If YES, how much? _____

Name and address of child(ren)'s other parent if not in household: _____

OTHER SOURCES OF HELP

Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form?

YES NO

If YES, who, how much and when? _____

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS

Amount of debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount Paid	Last Pay Date

[illegible]

☐ No Income
☐ Not Enough Income
☐ Income Stolen
☐ Emergency Event

If YES, explain: _____

OTHER PUBLIC ASSISTANCE**Are you receiving or have you applied for the following:****APPLICANT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date applied: ____________	
Utility Allotment	YES	NO	Date Applied: ____________	Amount: _____
Food Stamps	YES	NO	Date Applied: ____________	Amount: _____
AFDC Welfare	YES	NO	Date Applied: ____________	Amount: _____
Other Trustee Office	YES	NO	Date Applied: ____________	Amount: _____
Social Security (any type)	YES	NO	Date Applied: ____________	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: ____________	Amount: _____
EAP Utility assistance	YES	NO	Date Applied: ____________	Amount: _____
FEMA Funds	YES	NO	Date Applied: ____________	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: ____________	Amount: _____
Grants/Loans	YES	NO	Date Applied: ____________	Amount: _____
Any other type of help	YES	NO	Date Applied: ____________	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date applied: ____________	
Utility Allotment	YES	NO	Date Applied: ____________	Amount: _____
Food Stamps	YES	NO	Date Applied: ____________	Amount: _____
AFDC Welfare	YES	NO	Date Applied: ____________	Amount: _____
Other Trustee Office	YES	NO	Date Applied: ____________	Amount: _____
Social Security (any type)	YES	NO	Date Applied: ____________	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: ____________	Amount: _____
EAP Utility assistance	YES	NO	Date Applied: ____________	Amount: _____
FEMA Funds	YES	NO	Date Applied: ____________	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: ____________	Amount: _____
Grants/Loans	YES	NO	Date Applied: ____________	Amount: _____
Any other type of help	YES	NO	Date Applied: ____________	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date applied: ____________	
Utility Allotment	YES	NO	Date Applied: ____________	Amount: _____
Food Stamps	YES	NO	Date Applied: ____________	Amount: _____
AFDC Welfare	YES	NO	Date Applied: ____________	Amount: _____
Other Trustee Office	YES	NO	Date Applied: ____________	Amount: _____
Social Security (any type)	YES	NO	Date Applied: ____________	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: ____________	Amount: _____
EAP Utility assistance	YES	NO	Date Applied: ____________	Amount: _____
FEMA Funds	YES	NO	Date Applied: ____________	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: ____________	Amount: _____
Grants/Loans	YES	NO	Date Applied: ____________	Amount: _____
Any other type of help	YES	NO	Date Applied: ____________	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

READ CAREFULLY * NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant: YES NO

OTHER ADULT: YES NO

OTHER ADULT: YES NO

If no, explain why not: _____

AFFIDAVIT

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) my township assistance application from _____ Township _____ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any). _____

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'v. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

Name _____ Case No. _____
(Last) (First) (Middle)

Address: _____

Your request for: _____ (specify type(s) of relief requested: i.e., food, rent, etc.)	
Has been:	<input type="checkbox"/> Approved as follows without workfare (if certain requirements are met): _____
	<input type="checkbox"/> Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____ Hours: _____ Obligated adult household member: _____
	<input type="checkbox"/> Partially approved as follows: _____
	<input type="checkbox"/> Partially denied for the following reason(s): _____
	<input type="checkbox"/> Denied for the following reason(s): _____
	<input type="checkbox"/> Pending for an additional seventy-two (72) hours because: _____
COMMENTS: _____ _____ _____	

Your request for: _____
 (specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:

☐ Approved as follows without workfare (if certain requirements are met): _____

☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
 Hours: _____ Obligated adult household member: _____

☐ Partially approved as follows: _____

☐ Partially denied for the following reason(s): _____

☐ Denied for the following reason(s): _____

☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Your request for: _____
 (specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:

☐ Approved as follows without workfare (if certain requirements are met): _____

☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
 Hours: _____ Obligated adult household member: _____

☐ Partially approved as follows: _____

☐ Partially denied for the following reason(s): _____

☐ Denied for the following reason(s): _____

☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Date this Notice Sent: _____ **Time:** _____ **AM/PM**

Township Trustee's Signature

APPEAL RIGHTS AND PROCEDURE

1. The township trustee shall act on your application within seventy-two (72) hours. (Excluding weekends and the State's legal holidays listed in IC 1-1-9) in accordance with IC 12-20-6-7.
2. If you disagree with the action taken on your case, you have a right to appeal to the board of county commissioners. Your request for an appeal should be in writing or orally as may be required by the board of commissioners. The appeal must be made within fifteen (15) days from the date the township trustee denies assistance, if the applicant has been informed of his right to appeal and the procedure for such appeal.
3. The hearing on your appeal may be conducted by the board of county commissioners or by a hearing officer appointed by that board within ten (10) working days after your appeal is received. In hearing the appeal, the board shall be governed by the uniform relief standards of eligibility and need established by the township trustee, to the extent the standards comply with existing law, for granting township assistance in the township.
4. At the hearing of your appeal you shall appear in person, may retain counsel, and may have persons speak in your behalf. This office is also entitled to be represented. However, you have the right to examine any evidence it introduces and to cross-examine its witnesses. You will be notified of the decision of the board within five (5) working days after the hearing.
5. If you wish to appeal the above action, fill out the appeal request form below.
6. You or the township trustee may appeal a decision of the board of county commissioners to a circuit or superior court in the county. In hearing an appeal, the court shall be governed by uniform relief standards of eligibility and need established by the township trustee for granting township assistance in the township. If legally sufficient standards have not established, the court shall be guided by the circumstances of the case.

APPEAL REQUEST - TOWNSHIP ASSISTANCE ACTION

_____ County Board of Commissioners

Date: _____

(Address)

You are hereby notified of an appeal to the action by the Township Trustee, _____
_____ Township, _____ County, Indiana, on the
township assistance case of the undersigned, and a hearing is requested for the following reason(s): _____

I certify that the above statements are true and correct to the best of my knowledge and belief.

Name

Street Name and Number or R.R.

Telephone

City or Town

, IN

Zip Code

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

*Please do not
write in this
column.*

CASE NO.

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources or
 household size changed? YES ____ NO ____
 Are you or anyone else in the household working? YES ____ NO ____
 Are you or any member of your household under a doctor's care? YES ____ NO ____
 Have you/they applied for disability? YES ____ NO ____
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount: _____
 Have you applied for Food Stamps? YES NO If receiving, give amount: _____
 Have you applied for Unemployment? YES NO If receiving, give amount: _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount: _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain:

What has been the household's: Total Income: \$ _____ Total Expenses: \$ _____

TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:

AMOUNT (\$) REQUESTED

ACTION

INCOME AND EXPENSES

INCOME is any source of benefit to you, or any number of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYON
IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS

AMOUNT (\$) RECEIVED

VERIFIED AMOUNT

Date Received:	Received from:	Received for:	

(OVER)

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:

<i>Paid for:</i>	<i>Date Paid:</i>	<i>Paid to:</i>	AMOUNT (\$) PAID OUT	<i>Please do not write in this column.</i> ALLOWED/ VERIFIED
rent/mortgage				
electric service				
gas service				
water service				
sewer service				
phone payment				
food purchased				
babysitting/childcare				
transportation costs				
medical expenses				
insurance payment (state type)				
household items (specify)				
loans/charge payments				
other monthly cost (specify)				
cable television				
other (specify)				
other (specify)				
Expenses OWED (not paid) at this time:				
rent/mortgage amount:				
utilities (type and amount owed):				
other bills (specify type and amount owed):				

AFFIDAVIT

I affirm under the penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household and has not changed since my last request for assistance other than what has been stated on this form; and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Applicant Signature Date Other Adult in Household Date

Other Adult Signature Date Time of Day: _____:_____ A.M./P.M.

OFFICE USE ONLY		SURPLUS/DEFICIT
TOTAL INCOME \$ _____	ALLOWED EXPENSES \$ _____	\$ _____
Investigator Notes: _____		

Investigator Signature: _____		

TOWNSHIP ASSISTANCE PURCHASE ORDER

Purchase Order No. _____ (TO BE USED FOR BOTH MEDICAL AND GENERAL PURCHASE ORDERS)

_____, Township, _____ County, Indiana _____

TO _____

PLEASE SUPPLY _____ CASE NO. _____

Address _____

WITH THE FOLLOWING SERVICES

Food ---	\$ _____	Electric ---	\$ _____	\$ _____
Heating Fuel --	\$ _____	Water ---	\$ _____	\$ _____
Clothing	\$ _____	Gas ---	\$ _____	\$ _____
Office Call	_____	Hospitalization (itemize fully)	_____	_____
	\$ _____		_____	_____
	\$ _____		_____	\$ _____
Prescription Medicines (itemize fully as to quantity, price, kind and necessity)	_____	Surgery (describe fully)	_____	_____
	\$ _____		_____	\$ _____
	\$ _____	Other Medical/Dental Services (List)	_____	_____
	\$ _____		_____	_____
	\$ _____	TOTAL AMOUNT OF THIS ORDER	\$ _____	_____

Statement of Patient as to illness _____

Disbursing Clerk _____ Authorized by _____ Township Trustee

CUSTOMER'S RECEIPT

I have received in full the items authorized by this order.

VENDOR'S STATEMENT

I have furnished the customer with the full amount of supplies, services, or other items authorized by this order.

Signed _____ Signed _____

INSTRUCTIONS: This form to be made out in triplicate; original to doctor or vendor, duplicate filed alphabetically in assistance office, triplicate remaining in book in numerical order. Use indelible pencil or ink. Do not use check marks. Write out number of services authorized in words (as "one").

Wherever possible, at the time the purchase order is written, the total amount of the order must be inserted in the space provided for the same.

Doctors or vendors are required to return their copies of township assistance purchase orders at the time they file their monthly claims. Such monthly claims must show the purchase order number for each number for each charge billed the Trustee's office. A separate claim must be filed for each township.

Both the signature of the patient and the doctor or vendor must be submitted with the claim for each office call, or other service for which a charge is rendered. Any charge shall not exceed the amount prescribed in the fee schedule in force.